

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (For use with Form PTO/SB/06)							Application Number	Filing Date <b>3-16-01</b>		
							Applicant(s) <b>ROBERT C. MCCORD</b>			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X									
2	X									
3		X								
4		X								
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100										
Total Indep	2									
Total Depend	14									
Total Claims	16									

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

0981175

FILING DATE

03-18-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	31						TOTAL CLAIMS						

PTO-136 (2-3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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